Proposed 2005-07 Policy Initiative

Name of Initiative	Access to Mental Health Care
Sponsor	Access Committee
Lead Staff	Craig McLaughlin
Other Committees	Children's Health and Well-Being
Summary	Understand and monitor changes in financing and delivery models for mental health services. Serve as a forum for listening to community concerns about mental health care services. Assess whether state policy changes are achieving desired outcomes and recommend additional policy changes if necessary.
SHR Strategic Direction	☐ Maintain and improve the public health system ☒ Ensure fair access to critical health services ☒ Improve health outcomes and increase value ☐ Explore ways to reduce health disparities ☐ Improve nutrition and increase physical activity ☐ Reduce tobacco use ☐ Safeguard environments that sustain human health
Governor's Initiatives	☐ Cost Containment ☐ Cover all Kids by 2010 ☐ Healthiest State in the Nation
Possible Partners	Local governments, local health jurisdictions, community-based organizations providing mental health services, associations for the mentally ill, Regional Support Networks, the Mental Health Administration of the Department of Social and Health Services.
Criteria	☒ Does the issue involve multiple agencies? ☐ Can a measurable difference be made? ☒ Prevalence, severity and availability of interventions ☒ Level of public input/demand ☒ Does it involve the entire state? ☒ Does the Board have statutory authority? ☐ Do the resources exist to deal with the issue? ☒ Does the Board have a potentially unique role?

Problem Statement

People with serious mental illnesses comprise about 5 percent of the population. As Washington's population grows, so does the demand for services. In conversations with local boards of health, the Board has repeatedly heard concerns about a shortage of mental health services in local communities.

There is a documented lack of residential capacity to care for the mentally ill in this state, according to the Joint Legislative Task Force on Mental Health Services and Financing. Nine regional support networks (RSNs) are at over ninety percent capacity (five of those are at one hundred percent capacity). Five RSNs serving eleven counties have no intensive long-term residential beds. Community hospital beds have been reduced by 95 beds since 2000. Twenty-five of the states' thirty-nine counties have no community inpatient beds or evaluation and treatment beds (E&T). There are no E&T beds in Eastern Washington. More beds are likely to be lost, at least in part because of low vendor reimbursement rates. The shortage of beds and community services leads to a whole gamut of problems—for example, people are stuck in emergency rooms because beds are not available while people in those beds are not released because community services are not available. Shortages of services and beds are particularly acute for children.

In the 2005 session, the Legislature passed a mental health parity bill mandating that insurance plans cover mental illness on par with physical illness. It also passed two bills that began to reform the delivery and finance system for mental health care (HB 1290—Modifying community mental health services provisions and SB 5763—Enacting the omnibus treatment of mental and substance abuse disorders act of 2005). And it provided funds to backfill moneys that the federal government no longer will provide to cover non-Medicaid services. It is expected that there will be efforts during the 2006 and 2007 sessions to reconfigure the delivery and finance systems for state-funded mental health services—although what types of reforms might ultimately pass is not known. The state also has a federal Mental Health Transformation Grant.

The Legislature's work has focused largely on the availability of medical treatment facilities for the mentally ill. It has focused less on access to supportive non-medical care that meets the social integration needs of the severely mentally ill (housing, education, employment, etc.) and promotion and prevention efforts (such as early childhood education, school support services, and substance abuse treatment programs). The Board has heard testimony that such services are not adequately available in many communities. The public health approach of harm reduction is very applicable to behavioral health, both mental health and chemical dependency. The absence of adequate prevention and support programs can drive people needlessly into medical settings or prisons, both of which are very costly. Early childhood programs and substance abuse programs can be costly in the short-term but have been shown to be very cost-effective over time.

Potential Strategies

As part of the Board's regular meetings over the next two years, schedule agenda items specific to mental health:

1. Brief Board members on the findings and recommendations of the Joint Legislative Task Force on Mental Health Services and Financing, as well as passed and proposed legislation and work being done under the Mental Health Transformation Grant.
2. Hold a series of forums or listening sessions where the Board hears from local officials, advocates for the mentally ill, the mentally ill, and community service

providers. Include focus on community supports services and on promotion and prevention.
3. Dedicate some of these forums or listening sessions—or portions of them—to discussions of children's mental health.
4. Determine next steps, which might include making additional findings and recommendations, supporting specific legislative proposals, and/or identifying and promoting community best practices.

Criteria

Does the issue involve multiple agencies?

Yes. DSHS Mental Health Administration, Regional Support Networks, local health jurisdictions, and boards of health.

Can a measurable difference be made?

It would be difficult to demonstrate measurable health outcomes. Performance measures, such as number of beds and utilizations rates could be developed.

Prevalence, severity and availability of interventions

Five percent of people suffer from serious mental illness. Consequences can be severe, including suicide. The Board's Menu of Critical Health Services identifies many mental and behavioral health services (including screening/testing, counseling/support, and interventions) as having a demonstrable benefit to the community at large—substance abuse treatment and suicide crisis interventions for teens, adults, and high-risk populations, depression care for the general population, and treatment of mental illnesses and disorders for high-risk populations.

According to the CDC (*MMWR,* September 1, 2005), "Mental disorders account for approximately 25% of disability in the United States, Canada, and Western Europe and are a leading cause of premature death. In the United States, approximately 22 percent of the adult population has one or more diagnosable mental disorders in a given year. The estimated lifetime prevalences for mental disorders among the U.S. adult population are approximately 29 percent for anxiety disorders, 25 percent for impulse-control disorders, 21 percent for mood disorders, 15 percent for substance-use disorders, and 46 percent for any of these disorders. In addition, an estimated 1 in 10 children in the United States has a mental disorder that causes some level of impairment. The effects of mental illness are evident across the life span, among all ethnic, racial, and cultural groups, and among persons of every socioeconomic level. Moreover, mental illness costs the United States an estimated $150 billion annually, excluding the costs of research.

"Mental health is integral to overall health and well-being and should be treated with the same urgency as physical health. Mental illness can influence the onset, progression, and outcome of other illnesses and often correlates with health risk behaviors such as substance abuse, tobacco use, and physical inactivity. Depression has emerged as a risk factor for such chronic illnesses as hypertension, cardiovascular disease, and diabetes and can adversely affect the course and management of these conditions.

"Treatment for mental disorders is available and effective. However, the majority of persons with diagnosed mental disorders do not receive treatment. The challenges for public health are to identify risk factors, increase awareness about mental disorders and the effectiveness of treatment, remove the stigma associated with receiving treatment, eliminate health disparities, and improve access to mental health services for all persons,

particularly among populations that are disproportionately affected. Public health agencies can incorporate mental health promotion into chronic disease prevention efforts, conduct surveillance and research to improve the evidence base about mental health in the United States, and collaborate with partners to develop comprehensive mental health plans to enhance coordination of care."

For children, the CDC reports that 5 percent of children aged 4–17 years experience definite or severe emotional or behavioral difficulties, as reported by their parents. According to the Department of Health, almost one third of teenagers in Washington schools experience signs of depression. Untreated depression is one of the leading causes of youth suicide. Suicide is the second leading cause of death among teenagers aged 15–9 years in Washington. In 2003 the state suicide rate for this age group was 9.6 per 100,000. Dr. John Neff of Children's Hospital has reported that 10-15 percent of all children have significant mental health conditions and 51 percent of children with mental health conditions drop out of school. Publicly funded mental health services are accessed by 2.4 percent of all children in the state and 4.6 percent of children on Medicaid (public presentation, November 2004).

Level of public input/demand

Among people aware of the problem, there is strong demand for a solution. There is considerable interest in this issue in the Legislature.

Does it involve the entire state?

Yes.

Does the Board have statutory authority?

The Board has general authority to "explore ways to improve the health status of the citizenry."

Do the resources exist to deal with the issue?

It will be difficult for the state to find resources to address the problem in a significant fashion, but there is strong interest in doing something. The Legislature may be willing to make resources available. The Board does not have resources to change process or performance measures but could raise visibility and awareness.

Does the Board have a potentially unique role?

A lot of attention is being paid to this issue by state agencies and the Legislature. One of the Board's major roles is to serve as a public forum—not just a place for experts and policy makers to debate issues. The Board can add value to this current discussion by creating a forum for communities to voice concerns and propose solutions.